



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 117600004

CITY OR TOWN SOUTH HADLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 11 BRIDGE STREET LLC

DOING BUSINESS A RIVERSIDE CAFÉ

ADDRESS 30 BRIDGE ST.

CITY/TOWN: SOUTH HADLEY

STATE: MA

ZIP CODE: 01075

MANAGER: YIM, SOKHARUN TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 1510 S/F FOR SERVICE ON FIRST FLOOR AND APPROX. 1200 S/F FOR STORAGE IN BASEMENT; MAIN ENTRANCE IN FRONT OF BUILDING AND EXIT AT REAR OF BLDG.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 117600005

CITY OR TOWN SOUTH HADLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: EBENEZER CHOOS, INC

DOING BUSINESS AS EBENEZER CHOOS

ADDRESS 60 BRIDGE ST.

CITY/TOWN: SOUTH HADLEY

STATE: MA

ZIP CODE: 01075

MANAGER: ISAKSON, DAVID TYPE OF LICENSE: Restaurant
F.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 117600008

CITY OR TOWN SOUTH HADLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE BEAN GROUP LLC

DOING BUSINESS AS JOHNNY'S BAR AND GRILL

ADDRESS 023-25 COLLEGE ST.

CITY/TOWN: SOUTH HADLEY

STATE: MA

ZIP CODE: 01075

MANAGER: YEE RONDEAU, ANITA S.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT W/ BAR & PATIO AT 23 COLLEGE STREET AND EXTENSION OF PREMISES TO 2,000 CONDITION OF APPROVAL: PATIO MUST BE FENCED OR ROPED OFF TO PREVENT THE PUBLIC FROM WANDERING IN & OUT. FUNCTION ROOM WITH BAR ON LOWER LEVEL AS SHOWN ON PLAN ON FILE IN SELECT BOARD OFFICE

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 117600009

CITY OR TOWN SOUTH HADLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHANTHAVONG, PHONESAVAHN

DOING BUSINESS A THAI PLACE THREE

ADDRESS 480 GRANBY RD.

CITY/TOWN: SOUTH HADLEY

STATE: MA

ZIP CODE: 01075

MANAGER: CHANTAVONG,
PHONESAVAHN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR WHICH HAS FOUR SEPARATE ROOMS, DINING ROOM, KITCHEN AREA, TWO
STORAGE AREAS, SOUTH SIDE EXIT, NORTH SIDE EXIT AND EAST SIDE EXIT

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 117600010

CITY OR TOWN SOUTH HADLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BEAN PROPERTIES LLC

DOING BUSINESS AS

ADDRESS 489 GRANBY RD.

CITY/TOWN: SOUTH HADLEY

STATE: MA

ZIP CODE: 01075

MANAGER: YEE, EDISON

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY BUILDING. FINISHED BASEMENT. ADJACENT PARKING LOT. THREE ENTRANCES AND EXITS. TWO DOORS IN FRONT AND ONE IN BACK, DOOR ON SIDE. OUTSIDE PATIO

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LICENSE NUMBER: 117600011

CITY OR TOWN SOUTH HADLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FERNANDEZ FAMILY RESTAURANT, INC

DOING BUSINESS AS ELEGANCIA EVENT AND MEETING ROOM

ADDRESS

CITY/TOWN: SOUTH HADLEY

STATE: MA

ZIP CODE: 01075

MANAGER: RODRIGUEZ, ADA TYPE OF LICENSE: Restaurant
I

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY FRAME AND CINDER BLOCK BLDG. THE FRONT OF THE BLDG IS USED AS A RESTAURANT AND LOUNGE. BACK PORTION OF BLDG IS USED AS BANQUET HALL. ENTRANCES ARE IN FRONT OF BLDG AND SOUTH SIDE IN REAR OF BLDG

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 117600012

CITY OR TOWN SOUTH HADLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: POLISH-AM. CITIZENS CLUB INC. OF SOUTH HADLEY

DOING BUSINESS A

ADDRESS 515 GRANBY RD.

CITY/TOWN: SOUTH HADLEY

STATE: MA

ZIP CODE: 01075

MANAGER: LIPSCOMB, JANET TYPE OF LICENSE: Club
M.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR AND PART OF CELLAR FOR THE SALE OF LIQUOR PART OF CELLAR FOR
STORAGE

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 117600013

CITY OR TOWN SOUTH HADLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Colonel Woodbridge's Tavern, Inc

DOING BUSINESS AS

ADDRESS 3 HADLEY ST.

CITY/TOWN: SOUTH HADLEY

STATE: MA

ZIP CODE: 01075

MANAGER: MARSHALL,
SCOTT D.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ENTIRE FIRST FLOOR, PATIO IN FRONT OF BLDG, BASEMENT IS USED AS STORAGE

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 117600015

CITY OR TOWN SOUTH HADLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HUANG FAMILY RESTAURANTS LLC

DOING BUSINESS AS ICHIBAN

ADDRESS 2090 MEMORIAL DRIVE

CITY/TOWN: SOUTH HADLEY

STATE: MA

ZIP CODE: 01075

MANAGER: HUANG, HANG
ZHANG

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY BLDG WITH BASEMENT. KITCHEN, TWO FRONT DINING ROOMS, TWO
LAVATORIES, A LARGE REAR DINING ROOM FOR BANQUETS. 4 EXIT AND CELLAR
HATCHWAY

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 117600016

CITY OR TOWN SOUTH HADLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WILLITS-HALLOWELL CENTER INC.

DOING BUSINESS AS

ADDRESS MT. HOLYOKE COLLEGE

CITY/TOWN: SOUTH HADLEY

STATE: MA

ZIP CODE: 01075

MANAGER: ZUBI, IMAD

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY BLDG, BASEMENT AND GROUND LEVEL DINING ROOM BANQUET HALL

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 117600017

CITY OR TOWN SOUTH HADLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ANTHONY'S DANCE CLUB, INC.

DOING BUSINESS AS ANTHONY'S I

ADDRESS 500 NEW LUDLOW RD.

CITY/TOWN: SOUTH HADLEY

STATE: MA

ZIP CODE: 01075

MANAGER: TOURANGEAU,
EDWARD R.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG CONSISTING OF BARROOM AND COCKTAIL LOUNGE, KITCHEN AND
STORAGE ROOM ALL ON FIRST FLOOR. 4 ENTRANCES AND EXITS

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 117600018

CITY OR TOWN SOUTH HADLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SOUTH HADLEY CAFE, INC.

DOING BUSINESS A HALFWAY HOUSE

ADDRESS 322 NEWTON ST.

CITY/TOWN: SOUTH HADLEY

STATE: MA

ZIP CODE: 01075

MANAGER: YEE, NICHOLAS

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BRICK BLDG WITH 2 EXITS. 980 SQ FT

I hereby certify and swear under penalties of perjury that:

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LICENSE NUMBER: 117600019

CITY OR TOWN SOUTH HADLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ALFREDO FALVO & ROSA MARIA FALVO

DOING BUSINESS A FAMILY PIZZA & GRINDERS

ADDRESS 334 NEWTON ST.

CITY/TOWN: SOUTH HADLEY

STATE: MA

ZIP CODE: 01075

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

WOOD CONSTRUCTED BLDG WITH BRICK VENEER. PARKING ON FOUR SIDES. 1200 SQ FT
WITH MAIN ENTRANCE AND TWO ENTRANCES AND EXITS IN REAR

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 117600021

CITY OR TOWN SOUTH HADLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PIONEER VALLEY, INC

DOING BUSINESS AS STONEY'S PUB

ADDRESS 0001-3 BRIDGE ST

CITY/TOWN: SOUTH HADLEY

STATE: MA

ZIP CODE: 01075

MANAGER: TABAK, JOHN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

EXTENSION REQUESTED TO INCLUDE FRONT CEMENT PAD AND REAR WOODEN PORCH.

I hereby certify and swear under penalties of perjury that:

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LICENSE NUMBER: 117600022

CITY OR TOWN SOUTH HADLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ROJO, INC.

DOING BUSINESS AS THE COZY OAKS

ADDRESS 21 LYMAN ST

CITY/TOWN: SOUTH HADLEY

STATE: MA

ZIP CODE: 01075

MANAGER: WHITNEY,
SANDRA J.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DETACHED WOOD FRAME BLDG CONSISTING OF A RESTAURANT, LOUNGE, ENTRANCES
AND EXITS ARE LOCATED OFF LYMAN ST AND PITROFF AVE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐
(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 117600023

CITY OR TOWN SOUTH HADLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MARLYN CORP

DOING BUSINESS AS LIQUOR TOWN

ADDRESS 19 BRIDGE ST

CITY/TOWN: SOUTH HADLEY

STATE: MA

ZIP CODE: 01075

MANAGER: MCCARTHY,
TIMOTHY

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CINDER BLOCK BLDG, ONE ROOM 40 X 24 AND ONE ROOM 40 X 26, NO CELLAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 117600027

CITY OR TOWN SOUTH HADLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: STRZEMPKO FRANK

DOING BUSINESS AS WHITE WING PKG STORE

ADDRESS 568 NEWTON ST

CITY/TOWN: SOUTH HADLEY

STATE: MA

ZIP CODE: 01075

MANAGER:

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR OF ONE STORY BLDG, CELLAR FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 117600028

CITY OR TOWN SOUTH HADLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PIONEER VALLEY LIQUOR SALES,INC.

DOING BUSINESS A ALLERY'S

ADDRESS 314 NEWTON STREET

CITY/TOWN: SOUTH HADLEY

STATE: MA

ZIP CODE: 01075

MANAGER: FERRARI, CESARE TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RETAIL STORE ENTRANCE NORTHEAST CORNER WITH FULL PLATE GLASS
FRONT, DELIVERY DOOR IN REAR, FIRST FLOOR USED FOR RETAIL, BASEMENT FOR
STORAGE, SIDE ENTRANCE ON NORTH SIDE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 117600029

CITY OR TOWN SOUTH HADLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RAJ LIQUORS, INC.

DOING BUSINESS AS GAGNE'S MARKET

ADDRESS PEARL ST & AMHERST

CITY/TOWN: SOUTH HADLEY

STATE: MA

ZIP CODE: 01075

MANAGER: SHEIKH,
MOHAMMED A.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY BUILDING, SALES ON FIRST FLOOR, STORAGE IN CELLAR. MAIN
ENTRANCE IN FRONT, SIDE DOOR AND OVERHEAD DOOR IN CENTER

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 117600030

CITY OR TOWN SOUTH HADLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JOHN A. AND ALICIA F. MAGRI

DOING BUSINESS A TAILGATE PICNIC

ADDRESS 7 COLLEGE STREET

CITY/TOWN: SOUTH HADLEY

STATE: MA

ZIP CODE: 01075

MANAGER:

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLFOOR OF BLDG. B-2 OF THE VILLAGE COMMONS, APP., 3,000 SQ.FT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 117600035

CITY OR TOWN SOUTH HADLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WONGS NORTHEAST, INC.

DOING BUSINESS AS MANDARIN GOURMET

ADDRESS 501 NEWTON ST

CITY/TOWN: SOUTH HADLEY

STATE: MA

ZIP CODE: 01075

MANAGER: WONG, MICHAEL TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

GROUND FLOOR AREA OF THE SHOPPING CENTER LOCATED AT NEWTON ST, WITH A
MINIMUM OF TWO EXITS LOCATED ON THE REAR AND FRONT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 117600036

CITY OR TOWN SOUTH HADLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ORCHARDS , LLC.

DOING BUSINESS AS THE ORCHARDS GOLF CLUB

ADDRESS 18 SILVERWOOD TERRACE

CITY/TOWN: SOUTH HADLEY

STATE: MA

ZIP CODE: 01075

MANAGER: STICKELS,JAMES TYPE OF LICENSE: Club
S.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY FRAME CLUBHOUSE, BAR LOCATED ON SECOND FLOOR, ONE FRONT AND REAR EXIT. 18 HOLES OF THE GOLD COURSE AS SHOWN ON THE SCORE CARD OF THE GOLF COURSE AND THE AERIAL VIEW ATTACHED HERETO AND MARKED AS EXHIBIT 1 AND EXHIBIT 2 RESPECTIVELY TO BE SOLD FROM ONE (1) BEVERAGE CART, WITH THE EXCEPTION OF HOLE 13 LOCATED IN THE NEARBY TOWN OF GRANDBY.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 117600037

CITY OR TOWN SOUTH HADLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TOWN OF SOUTH HADLEY

DOING BUSINESS AS LEDGES GOLF COURSE

ADDRESS 18 MULLIGAN DR

CITY/TOWN: SOUTH HADLEY

STATE: MA

ZIP CODE: 01075

MANAGER: HARTBARGER,
MICHAEL

TYPE OF LICENSE: General on
premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

GOLF COURSE & CLUBHOUSE-SEE ATTACHED FLR PLAN TO INCLUDE SNACK SHOP
STORAGE AREA AS WELL AS OUTSIDE DECK AREA OF CLUBHOUSE BLDG.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐
(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 117600038

CITY OR TOWN SOUTH HADLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: D.P. PARTHENON, INC

DOING BUSINESS AS PARTHENON RESTAURANT

ADDRESS 475 NEWTON ST

CITY/TOWN: SOUTH HADLEY

STATE: MA

ZIP CODE: 01075

MANAGER: PANANAS,
DIMITIRIOS

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FREE STANDING BLDG, 2700 SQ FT. ENTRANCE FROM THE FRONT OF THE BLDG-STREET
SIDE ENTRANCE ON SIDE OF BLDG.-PARKING LOT & SIDE EXIT ON THE REAR OF THE
BLDG.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 117600039

CITY OR TOWN SOUTH HADLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SIMARDCO, INC

DOING BUSINESS AS EGG & I

ADDRESS 020-26 MAIN ST

CITY/TOWN: SOUTH HADLEY

STATE: MA

ZIP CODE: 01075

MANAGER: SIMARD, DAVID J. TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 117600041

CITY OR TOWN SOUTH HADLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VILLAGE FOOD 101, LLC

DOING BUSINESS AS FOOD 101 BAR & BISTRO

ADDRESS 19 COLLEGE STREET

CITY/TOWN: SOUTH HADLEY

STATE: MA

ZIP CODE: 01075

MANAGER: ANISCHIK, ALAN J. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 2200 S/F ON LEVEL PLUS BASEMENT STORAGE. APPROX 600 S/F KITCHEN SPACE,
600 S/F BAR/LOUNGE SPACE AND BALANCE FOR DINING. 2 CUSTOMER ENTRANCE/EXITS
AND ONE DELIVERY/EMPLOYEE ENTRANCE/EXIT Expansion for outside dining

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 117600043

CITY OR TOWN SOUTH HADLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TRUSTREES OF MOUNT HOLYOKE COLLEGE

DOING BUSINESS A KENDADE ATRIUM/MOUNT HOLYOKE COLLEGE

ADDRESS 50 COLLEGE

CITY/TOWN: SOUTH HADLEY

STATE: MA

ZIP CODE: 01075

MANAGER: ZUBI,IMAD

TYPE OF LICENSE: General on
premise

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THREE FLOOR OPEN ATRIUM/ MOUNT HOLYOKE COLLEGE CONTAINING A SMALL CAFÉ. AN ENT/EXIT ON THE NORTH SIDE OF THE ATRIUM AND AN ENTRANCE/EXIT ON SOUTH SIDE. AN ELEVATOR IS LOCATED ON THE SOUTHWEST CORNER OF THE ATRIUM. THERE IS AN ENT/EXIT IN NORTHWEST AND SOUTHEAST CORNERS OF THE ATRIUM AS WELL AS A CENTRAL STAIRCASE WHICH SERVICES THE UPPER FLOORS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 117600044

CITY OR TOWN SOUTH HADLEY

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 4 BROTHERS GOURMET LLC

DOING BUSINESS AS

ADDRESS 461 GRANBY ROAD

CITY/TOWN: SOUTH HADLEY

STATE: MA

ZIP CODE: 01075

MANAGER: GIFFORD,
WILLIAM M.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

PREMISES AREA TO BE LICENSED SHALL INCLUDE THE 2ST FLOOR AND ATTACHED GARAGE AREA. THE MAIN ENTRANCE WILL BE LOCATED ON THE LEFT SIDE OF THE BUILDING, ADJACENT TO THE PARKING LOT, FACING FROM THE GRANBY ROAD. THE EXITS SHALL CONSIST OF AN EXIT LOCATED ON THE FRONT OF THE BUILDING, A DELIVERY ENTRANCE LOCATED AT THE REAR OF THE BUILDING AND AN EXIT ON THE RIGHT SIDE OF THE BUILDING ATTACHED TO THE GARAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:
